REQUEST FOR PATENT FEE REFUND					
1 Date of Request: 2 Serial/Patent					
3 Please refund the following fee(s):		4 PAI	PER MBER	5 DATE FILED	6 AMOUNT
Filing					\$
Amendment					\$
Extension of Time					\$
Notice of Appeal/Appeal					\$
Petition					\$
Issue					\$
Cert of Correction/Terminal Disc.					\$
Maintenance					\$
Assignment					\$
Other					\$
		7 TOTAL AMOUNT OF REFUND \$			
		8 TO BE REFUNDED BY:			
10 REASON:		Treasury Check			
Overpayment		Credit Deposit A/C #:			
Duplicate Payment		•	9		
No Fee Due (Explanation):				**	
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME:			- Keni	TLE: n. Ref: 0 <del>7/22/2</del> 0	285 PKI <u>DUSUL 9</u> 912525 <i>7</i> 88
SIGNATURE:		TITLE: 07/22/2005 PKIDUELL 0012525/BR Bealn, Ref: 07/22/2005 PKIDUELL 0012525/BR Bealn, Ref: 07/22/2005 PKIDUELL 0012525/BR Hamber: 10526676 FEHOME: \$500.00 CR			
OFFICE:					
THIS SPACE RESERVED FOR FINANCE USE ONLY:					
APPROVED:		DATE	E: _		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B

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